

Fill in this information to identify the case:

Debtor AA Jedson Company, LLC

United States Bankruptcy Court for the: Southern District of New York

Case number 24-22898
(If known)

☒ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Total claim

Priority amount

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Debtor

AA Jenson Company, LLC
Name

Pg 2 of 10

Case number (if known) 24-22898

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Acrisure Insurance Partners of NY 90 South Ridge St. Port Chester, NY 10573	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Cancelled insurance
	Date or dates debt was incurred <u>04/2024</u> Last 4 digits of account number _____	\$ <u>2,585.72</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Acrisure Insurance Partners of NY 90 South Ridge St. Port Chester, NY 10573	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Cancelled insurance
	Date or dates debt was incurred <u>04/2024</u> Last 4 digits of account number _____	\$ <u>2,490.00</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Acrisure Insurance Partners of NY 90 South Ridge St. Port Chester, NY 10573	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Canceled insurance
	Date or dates debt was incurred <u>05/2024</u> Last 4 digits of account number _____	\$ <u>9,118.00</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Alliance Credit Union 5530 Fyler Ave. Saint Louis, MO 63139	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced
	Date or dates debt was incurred <u>05/2024</u> Last 4 digits of account number _____	\$ <u>4,124.84</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Astoria Tile 1150 31st Ave. Astoria, NY 11106	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors
	Date or dates debt was incurred <u>09/2023</u> Last 4 digits of account number _____	\$ <u>1,800.00</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address B&L Testing 14941 14th Ave. Queens, NY 11357	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors
	Date or dates debt was incurred <u>09/2023</u> Last 4 digits of account number _____	\$ <u>1,500.00</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁷ Nonpriority creditor's name and mailing address

BNY Mellon
500 Ross Street
Pittsburgh, PA 15262

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,558.43

Basis for the claim: Cancelled insurance

Date or dates debt was incurred

06/2024

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.⁸ Nonpriority creditor's name and mailing address

Brown & Joseph, LLC
One Pierce Plaza
Suite 700
Itasca, IL 60143

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 365.50

Basis for the claim: Collection Agency

Date or dates debt was incurred

08/2024

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.⁹ Nonpriority creditor's name and mailing address

Build.com
402 Otterson Dr.
Ste. 100
Chico, CA 95928

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 280.45

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred

04/2024

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.¹⁰ Nonpriority creditor's name and mailing address

Chief Fire Prevention & Mechanical, Inc.
100 Grasslands Road
Elmsford, NY 10523

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,310.00

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred

10/2024

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.¹¹ Nonpriority creditor's name and mailing address

Collection Bureau Hudson Valley
PO Box 831
Newburgh, NY 12551

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 415.53

Basis for the claim: Collection Agency

Date or dates debt was incurred

08/2024

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.¹² Nonpriority creditor's name and mailing address

Concrete Services
40 Sea Cliff Ave.
Ste. A
Glen Cove, NY 11542

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,125.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

06/2023

Last 4 digits of account number

3.¹³ Nonpriority creditor's name and mailing address

Construction Resources LLC
34 4th St.
Apt. 61
North Arlington, NJ 07031

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 203,748.37

Basis for the claim: Creditor seeking judgment

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

08/2023

Last 4 digits of account number

3.¹⁴ Nonpriority creditor's name and mailing address

Divvy
6220 America Center Dr.
Ste. 100
Alviso, CA 95002

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 28,677.51

Basis for the claim: Monies Loaned / Advanced

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

04/2024

Last 4 digits of account number

3.¹⁵ Nonpriority creditor's name and mailing address

Frontier Plumbing
123 Woodland Ave.
Westwood, NJ 07675

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 33,638.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

08/2023

Last 4 digits of account number

3.¹⁶ Nonpriority creditor's name and mailing address

Good Will Mechanical
1000 Grand St.
Brooklyn, NY 11211

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 18,960.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

03/2023

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷ Nonpriority creditor's name and mailing address

Heso Electrical Inc.
34-18 Northern Blvd.
Ste 4-5
Long Island City, NY 11101

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,245.02

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred

06/2023

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ¹⁸ Nonpriority creditor's name and mailing address

JP Morgan Chase Bank NA
P.O. Box 15369
Wilmington, DE 60197-6294

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 26,546.27

Basis for the claim: Credit Card Debt

Date or dates debt was incurred

06/2024

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ¹⁹ Nonpriority creditor's name and mailing address

Kalmanson Cohen PLLC
165 Broadway
23rd Floor
New York, NY 10006

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 26,218.85

Basis for the claim: Legal services

Date or dates debt was incurred

10/2022

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ²⁰ Nonpriority creditor's name and mailing address

Kalmanson Cohen PLLC
165 Broadway
23rd Floor
New York, NY 10006

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,081.00

Basis for the claim: Legal services

Date or dates debt was incurred

05/2024

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ²¹ Nonpriority creditor's name and mailing address

Key Bank
28 LeCount Place
New Rochelle, NY 10801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 42,749.14

Basis for the claim: Monies Loaned / Advanced

Date or dates debt was incurred

06/2024

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²²	Nonpriority creditor's name and mailing address M&T Bank P.O. Box 62182 Baltimore, MD 21264-2182	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 60,000.00
	Date or dates debt was incurred 06/2024 Last 4 digits of account number	Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²³	Nonpriority creditor's name and mailing address Merchants Mutual Insurance Company 250 Main Street Buffalo, NY 14202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 11,041.77
	Date or dates debt was incurred 04/24/2024 Last 4 digits of account number	Basis for the claim: Judgment Liens Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁴	Nonpriority creditor's name and mailing address NYS Workers' Compensation Board Bureau of Compliance PO Box 5200 Binghamton, NY 13902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,500.00
	Date or dates debt was incurred 08/2024 Last 4 digits of account number	Basis for the claim: Workers' Compensation violation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁵	Nonpriority creditor's name and mailing address P.H. Works Inc. 1394 St. Johns Place Brooklyn, NY 11213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 25,600.00
	Date or dates debt was incurred 01/2024 Last 4 digits of account number	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁶	Nonpriority creditor's name and mailing address Rite-Hite Company LLC c/o Arbon Equipment Corporation 25464 Newtownk Place Chicago, IL 60673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 190,450.98
	Date or dates debt was incurred 09/2021 Last 4 digits of account number	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u>27</u>	Nonpriority creditor's name and mailing address Rite-Hite Company LLC c/o Arbon Equipment Corporation 25464 Newtownk Place Chicago, IL 60673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 35,782.81
	Date or dates debt was incurred <u>09/2021</u>	Basis for the claim: Suppliers or Vendors	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>28</u>	Nonpriority creditor's name and mailing address Seoul Glass 60-01 27th Ave. Woodside, NY 11377	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,919.00
	Date or dates debt was incurred <u>01/2024</u>	Basis for the claim: Suppliers or Vendors	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>29</u>	Nonpriority creditor's name and mailing address Sunbelt Rentals 150 Nassau Ave. Islip, NY 11751	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 11,791.67
	Date or dates debt was incurred <u>09/2023</u>	Basis for the claim: Judgment Liens	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>30</u>	Nonpriority creditor's name and mailing address T-Seventeen LLC 121 Meserole Ave. Brooklyn, NY 11222	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 2,500,000.00
	Date or dates debt was incurred <u>08/16/2021</u>	Basis for the claim: Creditor seeking judgment	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>31</u>	Nonpriority creditor's name and mailing address U.S. Small Business Administration 14925 Kingsport Road Fort Worth, TX 76155	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 150,000.00
	Date or dates debt was incurred <u>10/2023</u>	Basis for the claim: SBA Loan	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³² Nonpriority creditor's name and mailing address

Wallauer
143 North Main Street
Port Chester, NY 10573

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,149.00

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred

06/2024

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ³³ Nonpriority creditor's name and mailing address

Westchester One
44 South Broadway
10th Floor
White Plains, NY 10601

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,700.00

Basis for the claim: Cancelled Workers' Compensation

Date or dates debt was incurred

03/2024

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Caine and Weiner PO Box 55848 Sherman Oaks, CA, 91413	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2.	Erie County Supreme Court 25 Delaware Avenue Buffalo, NY, 14202	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.3.	Getman & Biryła, LLP c/o Seth L. Hibbert, Esq. 800 Rand Building 14 Lafayette Square Buffalo, NY, 14203	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.4.	Innovative Discovery, LLC PO Box 780154 Philadelphia, PA, 19178	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.1.	Irena Shternfeld, Shternfeld & Fainkich PLLC 225 Broadway 3rd Floor New York, NY, 10007	Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.5.	Mullooly, Jeffrey, Rooney & Flynn LLP c/o Kerri S. Flynn 6851 Jericho Turnpike, Suite 220 P.O. Box 9036 Syosset, NY, 11791-9036	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.6.	NCS Companies PO Box 50276 Sarasota, FL, 34232	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.7.	Optimum 1111 Stewart Ave. Bethpage, NY, 11714	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.8.	United Healthcare PO Box 241029 Saint Paul, MN, 55124	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. **Total claims from Part 1**

5a.

\$ 0.00

5b. **Total claims from Part 2**

5b.

+

\$ 3,429,472.86

5c. **Total of Parts 1 and 2**

5c.

\$ 3,429,472.86

Lines 5a + 5b = 5c.